



**Immediately notify
DOH Communicable
Disease Epidemiology
Phone: 877-539-5344**

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

Botulism, wound

County _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____ Birth date ____/____/____ Age _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ **Swallowing or speech difficulty**
☐ ☐ ☐ ☐ **Eyelids drooping (ptosis)**
☐ ☐ ☐ ☐ **Vision blurred or double**
☐ ☐ ☐ ☐ Breathing difficulty or shortness of breath
☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: ____
☐ ☐ ☐ ☐ **Constipation**

Predisposing Conditions

Y N DK NA

- ☐ ☐ ☐ ☐ **Contaminated wound during the 2 weeks
before onset of symptoms.**
☐ ☐ ☐ ☐ Gastric surgery or gastrectomy in past

Clinical Findings

Y N DK NA

- ☐ ☐ ☐ ☐ **Cranial nerve abnormalities (bulbar weakness)**
☐ ☐ ☐ ☐ **Respiratory distress**
☐ ☐ ☐ ☐ **Paralysis or weakness**
☐ Acute flaccid paralysis ☐ Asymmetric
☐ Symmetric ☐ Ascending ☐ Descending
☐ ☐ ☐ ☐ Abscess or infected lesion
☐ ☐ ☐ ☐ Mechanical ventilation or intubation required
during hospitalization
☐ ☐ ☐ ☐ Admitted to intensive care unit

Hospitalization

Y N DK NA

- ☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy

Laboratory

Collection date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ **Botulinum toxin detection in serum**
☐ ☐ ☐ ☐ **Botulinum toxin isolation in wound**
☐ ☐ ☐ ☐ Food specimen submitted for testing

NOTES

INFECTION TIMELINE

Enter onset date/time
(first sx) in heavy box.
Count backward to
determine probable
exposure period

Hours from
onset:

Exposure period

- 168 -12

o
n
s
e
t

Calendar date/time:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Does the case know anyone else with similar symptoms or illness
☐ ☐ ☐ ☐ Contact with lab confirmed case
Nature of contact:
☐ Household ☐ Sexual ☐ Needle use
☐ Other: _____
☐ ☐ ☐ ☐ Epidemiologic link (e.g. ingestion of a home-canned food within the previous 48 hours)

Y N DK NA

- ☐ ☐ ☐ ☐ Home canned food
☐ ☐ ☐ ☐ Dried, preserved, or traditionally prepared meat (e.g. sausage, salami, jerky)
☐ ☐ ☐ ☐ Preserved, smoked, or traditionally prepared fish
☐ ☐ ☐ ☐ Vacuum packed (modified atmosphere packaging) foods
☐ ☐ ☐ ☐ Foods stored in oil (e.g. garlic, sun dried tomatoes)
☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/Location: _____
☐ ☐ ☐ ☐ **Suspected exposure to botulism contaminated food**
☐ ☐ ☐ ☐ Known contaminated food product
☐ ☐ ☐ ☐ **Non-injection street drug use**
☐ ☐ ☐ ☐ **Injection street drug use**
Injection street drug use type: _____

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS AND TREATMENT

Botulism antitoxin given ☐ Y ☐ N ☐ DK ☐ NA

Date/time given: ____/____/____ AM / PM

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Initiate traceback investigation
☐ Referral to physician
☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____